

CERTIFICATION OF FINANCIAL SUPPORT FOR EXCHANGE STUDENTS



SECTION A: STUDENT INFORMATION

Family/Last Name: Given/First Name:
 Middle Name: WSU ID Number (if known):
 Date of Birth (dd/mm/yyyy): Email:

SECTION B: ESTIMATED EXPENSES (2024-2025)

	1 SEMESTER	2 SEMESTERS	SUMMER
Housing and Meals (The Flats)	5,600	11,400	3,900
Books	600	1,200	300
Medical Insurance	1,250	2,500	500
TOTAL	\$7,450	\$15,100	\$4,700

Will you bring dependents with you to the U.S.? Yes* No *If yes, please complete the Dependent Form. Please request this form from our office.

SECTION C: SPONSORSHIP INFORMATION

INSTRUCTIONS: What is the source of funding for your education? You must mark at least one of the options below:

- Family Member or Friend**
 • Name of Family Member/Friend:
 • Relationship to Student (Example: Father, Aunt, Cousin, Brother, etc.):
 • **Bank Statement Requirements:** 1) Bank statement must have the family member's or friend's name written **IN ENGLISH**
 2) Must be an original and be on bank letterhead
 3) Must be dated within the last 6 months
 4) May be in any currency
 5) If not in English, must be accompanied by an official translation containing stamp or seal of official translator/partner university (English translation by the partner university will be accepted)
- Personal Funds of Student**
 • **Bank Statement Requirements:** 1) **YOUR NAME** must be listed in English on the bank statement
 2) Must be an original and be on bank letterhead
 3) Must be dated within the last 6 months
 4) May be in any currency
 5) If not in English, must be accompanied by an official translation containing stamp or seal of official translator/partner university (English translation by the partner university will be accepted)
- Scholarship from:**
 • **Scholarship Letter Requirements:** 1) Your scholarship letter may be a photocopy or original
 2) If bringing dependents, your scholarship letter must state that dependents are covered
- Other Source of Funding:**
 • Must provide official evidence of support

SECTION D: SIGNATURE

I agree to make available the total amount as listed above for this student's educational expenses at Wichita State University. I understand that my failure to pay will result in the student not being allowed to attend classes which will negatively affect the student's immigration status in the U.S. By signing below, I agree to and understand the above statements.

Signature of Sponsor

Date (dd/mm/yyyy)

*Provide an official bank statement or scholarship letter that shows you have sufficient money to cover all costs in Section B of this form.